

FILED NOV 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NO. **43322** 97

Registration District No. **366** Primary Registration District No. **6241** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Breton				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN St. Clair	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. S. Potosi				Length of stay in lb min.		d. STREET ADDRESS (If outside, give location) unkn.	
3. NAME OF DECEASED (Type or print) First MARTHA Middle JEANETTE Last PANKEY				4. DATE OF DEATH Month Nov. Day 16 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sep. 27, 1937	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or county) Union, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Leslie Ham Sr.				14. MOTHER'S MAIDEN NAME Ellen Forrester			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Leslie Ham, Union Mo. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accident in automobile Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) brain concussion DUE TO (c) fracture skull PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							
INTERVAL BETWEEN ONSET AND DEATH							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) auto accident					
20c. TIME OF INJURY Hour 11-45 a. m. p. m. Month, Day, Year 11-16-57							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 5 mi south Potosi		20g. COUNTY Washington STATE Mo.	
21. I attended the deceased from 11-16-57 and last saw her alive on 11-16-57 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE D. C. Conner (Degree or title)		22b. ADDRESS Potosi, Mo.		22c. DATE SIGNED 11-18-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/20/57		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Pacific, Mo.	
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.		25. DATE RECD. BY LOCAL REG. 11/18/57		26. REGISTRAR'S SIGNATURE Hubert Rudack			

Ancestral

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lucy White*

Licensed Embalmer No. 3012

P. O. Address Clinton, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.